

STATE OF UTAH
DEPARTMENT OF INSURANCE
STATE OFFICE BUILDING ROOM 3110
SALT LAKE CITY, UT 84114

**THIRD PARTY ADMINISTRATOR
APPLICATION FOR LICENSE**

APPLICATION FEE: \$87.00 FOR TWO YEARS

Please type or print plainly. Use additional sheets as necessary.

1. Company Name _____
Address _____
Phone # () _____ Fax # () _____
E-mail Address _____ Tax ID # _____

2. Years in business as Third Party Administrator: _____

3. Name, title years with firm of all key personnel (attach additional sheets if necessary):

Name	Title	Years

4. Address of location(s) which will process Utah claims and where records will be kept:

Name _____
Address _____

5. Professional, educational, business or trade associations with which firm maintains affiliation, e.g. SIIA, Society of Professional Administrators, PIMA, etc.

6. Are you handling collection of premium, adjusting claims, or marketing? If so, explain.

7. What lines of insurance does the organization administer?

8. Approximate amount of funds of Utah residents handled during the preceding 12 months (or most current reporting period if different) \$_____.

9. What percentage does the above amount represent of the total funds you handle annually? _____%

- a. Please submit a copy of the organization's balance sheet and profit and loss statement for the most recent fiscal year.
- b. Please enclose a certificate of insurance for the bond or insurance policies being used to comply with Section 31A-25-205, Utah Insurance Code, or complete the following information:

Carrier Name: _____ Policy #: _____

Policy Limits: _____ Policy Type: _____

Effective Date: _____ Expiration Date: _____

- c. Please attach a list of insurance companies that you represent.

PLEASE USE SEPARATE SHEET TO RESPOND TO THIS QUESTION

10. Is your organization presently providing administrator services for:

a. Totally Self-Insured Yes No
Name of Group(s), Associations, METS, etc.
(include size of group)

b. Partially Self-Insured Yes No
Name of Group(s), Associations, METS, etc.
(include size of group)

c. Fully Insured Yes No
Name of Group(s), Associations, METS, etc.
(include size of group)

11. Have you ever transacted or been licensed to transact any type of insurance business in this state or in any other state or in any province of Canada, Bermuda, the Cayman Islands, or elsewhere? Yes No
If Yes, where?

12. Have any of the persons named on this application, during the past year, had any professional, vocational or business license denied, suspended, revoked or restricted by any public authority in this or any other state; had such a license subjected to a monetary fine by any authority; withdrawn any application or surrendered such a license to avoid disciplinary action?

Yes No

13. Have any of the persons named on this application, during the past year, been convicted of a misdemeanor involving moral turpitude or a felony? Yes No

14. During the past year have any of your organization licenses been suspended or revoked by any public authority in this or any other state? Yes No If yes, please provide details on a separate sheet of paper.

15. During the past year has your organization suffered any financial reversal requiring bankruptcy or insolvency findings or hearings in this or any other state? Yes No
16. Do you understand that, promptly upon any change in address, you must furnish written notice thereof to the Utah Department of Insurance?
17. Section 31A-25-205, Utah Insurance Code, requires that every Administrator shall be bonded or insured for acts of Dishonesty and negligence. Is your bond and/or insurance currently in force and on file with this department?
 Yes No
18. Does the organization have any other bonds, insurance, deposits or security to safeguard the interests of its clients Besides the security required in item #17?
 Yes No **If Yes, please list on a separate sheet of paper.**

I (We) apply for a Certificate of Registration as a Third Party Administrator pursuant to the provisions of Chapter 25 of the Insurance Code of the State of Utah, and I (We) declare that under penalty of perjury that I (We) have read the foregoing application and know the contents thereof and that each statement made is full, true and correct. I (We) further acknowledge that any misrepresentation or misstatement of fact shall be cause for revocation of this Certificate of Registration.

Name of Administrator _____

By _____ Title _____ Date _____

NOTICE: APPLICATION CANNOT BE APPROVED UNTIL THE APPLICANT HAS SUBMITTED EVIDENCE THAT IT HAS OBTAINED THE BOND OR INSURANCE REQUIRED PURSUANT TO SECTION 31A-25-205, UTAH INSURANCE CODE.

UTAH CODE ANNOTATED SECTION 31A-25-205

Every administrator shall be bonded or insured for acts which arise from negligence or culpable acts of the licensee or any employee or agent of the licensee. The amount of the bond or insurance shall not be less than 10% of the amount of total funds handled. No bond or insurance may be for less than \$5,000 nor more than \$500,000. For purposes of fixing the amount of coverage on a bond or insurance policy, the amount of funds handled is determined by the total funds handled by the administrator during the preceding year. If no funds were handled during the preceding year, the amount of funds handled by the administrator shall be reasonably estimated using the current calendar year. This section does not prohibit the insurer or policyholder from requiring increased coverage by bond or insurance from the administrator in the written agreement between the insurer or policyholder and the administrator.

**POWER OF ATTORNEY
FOR
THIRD PARTY ADMINISTRATOR**

KNOW ALL MEN BY THESE PRESENTS:

That _____, a Third Party Administrator desiring to transact business in the State of Utah in conformity with the laws thereof, does hereby make, constitute and appoint the Commissioner of Insurance in the Insurance Department or his successors in the State of Utah, his true and lawful attorney in and for the State of Utah, on whom all process of law, whether mesne or final, against him, may be served in any action or special proceeding against him in the State of Utah and his said attorney is hereby authorized and empowered, as the agent of the undersigned Third Party Administrator, to receive and accept service of process, mesne or final, and such service shall be taken and held as valid as if served upon the undersigned. This appointment is to continue in force for the period of time and in the manner provided by the statutes of the State of Utah is designated as the person to whom the Commissioner shall forward all legal processes against this company served upon him.

_____, of _____,
(Name and Title)

(Street Address, City, State, Zip Code)

is designated as the person to whom the Commissioner shall forward all legal processes against this company served upon him.

IN WITNESS WHEREOF, the undersigned has to these presents caused his name to be subscribed at the

City of _____ in the State of _____,

on the _____ Day of _____, 19 _____.

THIRD PARTY ADMINISTRATOR BOND
STATE OF UTAH

Bond No. _____

KNOW ALL MEN BY THESE PRESENTS that _____

as Principal and _____ as Surety, a corporation of the

State of _____ are held and firmly bound unto the State of Utah as oblige in the Sum of _____

Dollars (\$_____) for which sum well and truly to be paid, said Principal hereby binds himself, his heirs, executors, administrators, successors and assigns and the said Surety binds itself and its successors and assigns jointly and severally, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH that WHEREAS the above bounden has obtained or is about to obtain a Certificate of License as a Third Party Administrator as defined in Section 31A-1-301(90) of the Utah Insurance Code to do business as such in the State of Utah.

NOW THEREFORE, if the said _____ (Principal) shall Observe and honestly comply with all requirements as set forth be Statute of the State of Utah, particularly with the Utah Insurance Code, and any regulations issued by the Insurance Commissioner of the State of Utah as the presently exist or to be effective at a later date and shall honestly and faithfully fulfill al obligations and properly account for all funds under its control as a Third Party Administrator and shall pay and discharge any judgment obtained by or in favor of participants in or beneficiaries of plans, administered by Principal as a licensee which arise from the negligence or culpable acts of principal or any employee or agent of principal in connection with its activities licensed under Section 31a-25-101 et seq., then this obligation to be void, otherwise to remain in full force and effect.

IT IS FURTHER AGREED THAT this bond shall be continuous in nature and shall remain in full force and effect until canceled as provided below and that the liability of the Surety shall not be cumulative and the maximum aggregate liability

of the Surety shall be limited to _____ dollars (\$_____) regardless of the number of successive renewal periods the bond has been in effect or the number of claimants that might have a right of action against the bond.

THIS bond may be canceled in its entirety as to future liability by Surety upon sending written notice to the State of Utah, Insurance Commissioner and at the expiration of 20 days from the mailing of such notice the bond shall ipso facto terminate and the Surety shall there upon be relieved from any liability subsequent to said date.

THIS bond shall be effective from and after _____

Signed, Sealed and Dated: _____

Principal: _____

By: _____

Surety: _____

By: _____

Name & Title: _____

Revised 1-8-04